

5000 5/25/05

| REQUEST FOR PATENT FEE REFUND | | | |
|---|-----------------------------------|--|--------------|
| 1 Date of Request: 3/30/05 | | 2 Serial/Patent # 10/519558 | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED |
| <input checked="" type="checkbox"/> | Filing Fee Change | | \$ 100.00 |
| <input type="checkbox"/> | Amendment | | \$ |
| <input type="checkbox"/> | Extension of Time | | \$ |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | \$ |
| <input type="checkbox"/> | Petition | | \$ |
| <input type="checkbox"/> | Issue | | \$ |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | \$ |
| <input type="checkbox"/> | Maintenance | | \$ |
| <input type="checkbox"/> | Assignment | | \$ |
| <input type="checkbox"/> | Other | | \$ |
| | | 7 TOTAL AMOUNT OF REFUND | \$ 100.00 |
| | | 8 TO BE REFUNDED BY: CC | |
| 10 REASON: | | <input checked="" type="checkbox"/> Treasury Check | |
| <input checked="" type="checkbox"/> | Overpayment | Credit Deposit A/C #: | |
| <input type="checkbox"/> | Duplicate Payment | 9 19--48810 | |
| <input type="checkbox"/> No Fee Due (Explanation): | | | |
| 11 REFUND REQUESTED BY: | | | |
| TYPED/PRINTED NAME: Rita White | | TITLE: Legal Assistant | |
| SIGNATURE: Rita White | | PHONE: 71308-9140 ext. 231 | |
| OFFICE: DO/EO | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | |
| APPROVED: _____ | | DATE: _____ | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: